

<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">C</div> <div> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> </div>							SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">09/90492</div>		FILING DATE	
APPLICANT(S)										
CLAIMS										
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TOTAL CLAIMS										

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